

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097623985

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
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49		/					99						
50		/					100						
TOTAL IND.							TOTAL IND.	/					
TOTAL DEP.							TOTAL DEP.	54					
TOTAL CLAIMS							TOTAL CLAIMS	55					

BEST AVAILABLE COPY